Data Driven Tools to Facilitate Evidence-based Decision Making Supporting Program Resiliency

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Neither of the above speakers have any conflicts of interest to report.
Resiliency – What do we mean?

According to the British Standard definition:

Organizational Resiliency is defined “the ability of an **organization** to anticipate, prepare for, and respond and adapt to incremental change and sudden disruptions in order to survive and prosper.”
Session Focus

• This session focuses on an approach to using data to build and sustain program resiliency.

• The session includes discussion of metrics developed to determine program quality and program resiliency with the understanding that each institution may choose different measurements and analyses.

• There will be interactive discussion of data sources available to DIOs and the C-Suite.

• Speakers will discuss lessons learned in throughout the implementation will be presented concomitant with scorecards, the need for special program reviews, alignment with the school/hospital missions, and achieving leadership consensus in decision making.

• Participants will take home an electronic tool kit that they can adapt to their own institutions.
AGENDA

• Background and introduction of the program resiliency model

• Presentation of case studies and discussion

• Group work in applying the models and problem solving relevant to their own institutions

• Closure/debrief
Session Learning Objectives

Gain insights into how to:

• develop a process that forecasts overall program resiliency
• determine the optimal metrics
• use SWOT analyses and scorecards to anticipate, respond and adapt to change both incremental and sudden disruptions in order to survive and prosper.
Historical Perspective at Stanford

Historically, the trajectory of some residency and fellowship programs has been *ad hoc* and driven by “politics” in many circumstances rather than by analyzing the:

- Program quality and resiliency
- Alignment of program and institutional missions
- Physician workforce need
Where did we start?
### Expanding and Funding of Additional Residency/Fellowships Positions

**Issue/Problem Statement:**

Multiple requests for program funding, not based on program quality metrics with variable documentation of programmatic need(s).

**Background and Importance:**

Stanford sponsors 99 ACGME-accredited programs and 40 non-standard fellowships with 1200 trainees. Since we are over our Medicare Cap, the institution is funding 100% of these requested positions. In the era of healthcare cost consciousness, we need to be cognizant of prudent allocation of scarce resources.

**Future State and Counter Measures:**

- A single Institutional Policy and Process for all programs requesting expansion and funding.
- Counter ad hoc “special deals” with committee meeting with all constituents on equal footing.
- Data submitted and reviewed before meetings.
- Public minutes distributed to GME community.
- GMEC reviews, discuses and renders final decision (approved/not approved).

**Implementation Plan:**

- Discussion with C-Suite, Dean, Chairs, DFAs (Department Business Managers), GMEC, Program Directors and Program Coordinators.
- Preliminary Process designed, tweaked and retweaked.
- New process tested in February, 2015

**Follow Up:**

- Feedback obtained from constituent parties

**Sustain Results:**

- GME and GMEC continuously monitor the process
- Continued updating and buy-in from C-Suite
We Found that Multiple Buckets Need to be Considered for Maintaining Program Resiliency

- Program Quality Data
- Mission AIM Alignment
- Workforce Needs
Analyzing Program Quality

Program Quality

- Board Scores
- ACGME Citations
- Duty Hours
- NRMP Data
- ACGME Survey Scores
- GME Internal Survey Scores
- Resident / Faculty Program Evaluations

Program Curriculum
Dashboards…
Data-driven decisions display
Multiple sources
Comparable measures allows for “tiering” of programs
Timely, visual and easy to identify trends
Pre-emptive
Easy for Leadership “C Suite” to read

So why not use a Dashboard for Looking at Program Resiliency?
Looking into the Data
Determinants of Program Quality that Drive Resiliency

Resident Performance
Graduate Performance
SWOT Analyses
Evaluation Tools
Curriculum Review
Faculty / Faculty Development
Case numbers / Logs
Program Resources
Review of Annual Program Evaluations (APEs) / Self-Studies
Special Reviews
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# Institutional “Report Card” or Dashboard - Data Analysis by Program

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## Key

- **STRENGTH**: Green
- **WEAKNESS**: Red
- **No Data**: White

**Legend**:
- **Int**: Internal
- **Ext**: External
Determining the need for special program reviews

- More data required
- Resident concerns
- Program too small
- Long interval since last formal review
Multiple Buckets Need to be Considered for Maintaining Program Resiliency

- Program Quality Data
- Mission AIM Alignment
- Workforce Needs
Bucket # 2 – AIMs, Missions (and Visions)

Other critical considerations:

• When we're looking at Program Resiliency, we needed to look at the overall larger institution.

• GME doesn't function as a silo.

  – Department Strategic Plans
  – Leadership Searches e.g., Chair Searches
  – Clinical growth and outreach
  – Affiliate Relations
  – Closure of neighboring hospitals
Other Considerations

We also need to consider:

• Growth in institutes and departments concomitant with high educational value
• Institutional educational missions and goals
• Program AIMS
Multiple Buckets Need to be Considered for Maintaining Program Resiliency

- Program Quality Data
- Mission AIM Alignment
- Workforce Needs
Considering Local, Regional and National Workforce Needs....
Understanding Some of the Issues Surrounding C-Suite Views on Residency/fellowship training

Service vs Education

Budget Cycle vs Academic Year

Hospital growth, expansion and strategies not tied to the educational cycle

Cost of trainees / Cost of medical center expansion
Understanding some of the issues surrounding Program Views on Residency/fellowship Resiliency

- Education vs Service
- Competitive Viability
- Regional / National Demand
- Newly Recognized Areas of Training
- Faculty recruitment / retention - I want a fellow to “teach” …”
Decision Making Process
Modified Ishikawa Diagram: Cause-Effect Diagram for Program Evaluation
Program Aims – ACGME Perspective

What is the AIM?

- AIM setting is part of the annual program evaluation
- Relevant considerations
  - Who are our residents/fellows?
  - What do we prepare them for?
    - Academic / practice …
    - Leadership and other roles …
  - Who are the patients/populations we care for?
- AIMS are a way to differentiate programs
  - Self-study will ultimately evaluate program effectiveness in meeting these aims
  - Moves beyond improvement solely based on compliance with minimum standards
  - Assessment of relevant initiatives and their outcomes
**Strengths**

- Program factors that are likely to have a positive effect on (or be an enabler to) achieving your program’s aims are **strengths**.
- Important to acknowledge and celebrate
- What should definitely be continued (important question in an environment of limited resources)

**Weaknesses**

- Program factors that are likely to have a negative effect on (or be a barrier to) achieving your program’s objectives are **weaknesses**.
  - Citations, areas for improvement and other information from ACGME
  - The Annual Program Evaluation and other program/institutional data sources
SWOT ANALYSES – Definitions

Threats and Opportunities

Factors and contexts external to the program (institutional, local, regional and national) that affect the program

**Opportunities** - Factors that favor the program, that the program may take advantage of / leverage

- External Factors that are likely to have a positive effect on achieving or exceeding your program’s objectives not previously considered are called **opportunities**.
  - What are capabilities for further evolving the program; how can the program capitalize on them?
  - Has there been recent change in the program’s context that creates an opportunity?
  - Are these opportunities ongoing, or is there a narrow window for them? How critical is the timing?
SWOT ANALYSES – Definitions

Threats - Factors that pose risks.

- External Factors and conditions that are likely to have a negative effect on achieving the program’s objectives, or making the objective redundant or un-achievable are called threats.
  
- While the program cannot fully control them, beneficial to have plans to mitigate their effect
  
- What external factors may place the program at risk?
  
- What are changes in residents’ specialty choice, regulation, financing, or other factors that may affect the future success of the program?
  
- Are there challenges or unfavorable trends in immediate context that may affect the program? e.g., faculty burdened with heavy clinical load that prevents effective teaching and mentorship
Fishbone – Ishikawa Diagram
SWOT Analysis Completed Example

Strengths
- Resident Scholarly Productivity
- Strong Match for 10+ Years
- 100% Board Pass Rate for 10 Years
- Strong & Growing Alumni Association
- More Opportunities for Federal NIH Grants
- Institution Focusing on Program Area

Opportunities
- Outstanding Lab Facilities
- Strong Program Coordinator
- New Addiction Centers Opening
- T32 Training Grant Awarded

Weaknesses
- Service over Education
- High Turnover Rate of Program Directors
- Lack of Effective Mentoring
- Lack of Faculty Engagement
- Insufficient Brachytherapy Cases

Threats
- Budget Deficits - Sporadic Institution
- Lack of Trainee Placement Positions
- High and Rising Cost of Living for Recruits
- Budget Deficits Federal Level
- Faculty Being Pulled to Another University

Aim
Setting up the Data Driven Process

Determining Issues

Analyzing Data

Making Decisions

Initiatives

Outcomes

GMEC
GME Must Maintain Open Communications

- Program Directors
- DEPT Chairs DFAs
- Program Resiliency
- Dean
- C-Suite VPs
Case Study
Case Study - Stanford

How the DIO, GME and the C-Suite used SWOT Analyses and Balanced Report Cards to Determine Program Problems and Resolutions and Build Program Resiliency..(or Shut down a program...)
Program “X”: Setting the Stage

The Core Residency program was already experiencing difficulties before their last ACGME site visit

• Tough transition to a new program director when former director abruptly left

• Problems identified on both the ACGME and internal GME house staff surveys
Progress?

Program continued to spiral down……

• Lack of C-Suite “buy in” to add resources to build the program up and develop resiliency

• Change in Leadership in the Dean’s Office
GME Evaluation of the Situation – Program X

- Review of trend analyses of ACGME and Internal GME House Staff surveys
- Review of SWOT Analysis
- Qualitative analysis of every comment on the internal house staff survey and faculty and program evaluations
- DIO used her training in conflict resolution
- Report developed to define the problems
- Shared with C-Suite and New Dean
How Did We Use the Data?

Looked at Indicators that are Resident Driven – “Voice of the Resident”

- Is there a discrepancy between the voice of the resident and the other indicators?
  - Would the majority of the residents not choose the program again yet the program receives continued accreditation with commendations?
Next we validated the quantitative data

Validated data with resident interviews (individual and group sessions)

(You know you have a problem when the residents call and ask to meet you at Starbucks…)
Then we Developed a Preliminary Plan of Attack

Met with program leadership

• Shared concerning data

• Program Director understood he had inherited a “Train Wreck”

• Discussed “their” interpretation of the data

• “Brain-stormed” with program leadership
  ▪ “How can GME help you get back on track?”
Setting up an Formal Action Plan

Assigned a GME program manager to work with the program director on the missing “structural elements” in the program.

Met with Resident Groups

DIO monitored progress

Report card allowed GME to implement intervention which was successfully addressing the areas of concern

BUT…..ACGME (not having access to the most recent data) called for an early site visit.
Action Items Developed

Data presented to

• Department chair
• Dean
• DIOs from major affiliates
• CEOs
• RESIDENTS
ACGME Outcomes

ACGME site visit

• Proposed probation which resulted in:
  ▪ HUGE wake-up call for the C-Suite, residents, and four major affiliates
  ▪ Data invaluable in presenting problems
Consensus

Decision to “save the program” and put the pieces back together

- C-Suite
- Dean
- Program leadership
- GME
Results

• Appealed the proposed probation – probation not given

• Aspirational SWOT Analysis

• Program continues to improve and is showing its resiliency with an outstanding 2017 match paired with an extremely positive national reputation and an “All Green” Report Card so far!
Program X Current SWOT Analysis – AIM: To become the top ranked xxx Program in the country!
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<td>Pending</td>
</tr>
<tr>
<td>Climate Where Residents Can Raise Concerns Without Fear</td>
<td>RESIDENT</td>
<td>Survey ACGME %-COMPLIANT</td>
<td>37%</td>
<td>95%</td>
<td>88%</td>
<td>93%</td>
<td>94%</td>
<td>92%</td>
<td></td>
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</tr>
<tr>
<td>Overall Eval of the Program</td>
<td>RESIDENT</td>
<td>Survey ACGME %-COMPLIANT</td>
<td>No data</td>
<td>No data</td>
<td>100%</td>
<td>90%</td>
<td>100%</td>
<td>93%</td>
<td>94%</td>
<td>92%</td>
<td>Pending</td>
</tr>
<tr>
<td>Total Number of ACGME Citations (new/resolved)</td>
<td>PROGRAM</td>
<td>ACGME</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>3</td>
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<tr>
<td>Board Pass Rates</td>
<td>PROGRAM</td>
<td>ABMS</td>
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<td>No data</td>
<td>100%</td>
<td>86%</td>
<td>100%</td>
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</tr>
<tr>
<td>Overall Satisfaction with Program</td>
<td>RESIDENT</td>
<td>GME-Survey</td>
<td>31%</td>
<td>23%</td>
<td>56%</td>
<td>88%</td>
<td>100%</td>
<td>71%</td>
<td>100%</td>
<td>88%</td>
<td>100%</td>
</tr>
<tr>
<td>Program Organized to Meet Educational Needs</td>
<td>RESIDENT</td>
<td>GME-Survey</td>
<td>31%</td>
<td>38%</td>
<td>75%</td>
<td>100</td>
<td>86%</td>
<td>86%</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Service Over Education</td>
<td>RESIDENT</td>
<td>GME-Survey</td>
<td>0%</td>
<td>46%</td>
<td>75%</td>
<td>100</td>
<td>86%</td>
<td>86%</td>
<td>60%</td>
<td>94%</td>
<td>100%</td>
</tr>
<tr>
<td>Encouraged to Ask Questions on a Regular Basis</td>
<td>RESIDENT</td>
<td>GME-Survey</td>
<td>23%</td>
<td>38%</td>
<td>69%</td>
<td>100</td>
<td>100%</td>
<td>92%</td>
<td>100%</td>
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</tr>
<tr>
<td>Residents Can Be Open and Honest with Faculty</td>
<td>RESIDENT</td>
<td>GME-Survey</td>
<td>23%</td>
<td>42%</td>
<td>50%</td>
<td>100</td>
<td>100%</td>
<td>85%</td>
<td>94%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Residents Would Recommend Program</td>
<td>RESIDENT</td>
<td>GME-Survey</td>
<td>31%</td>
<td>54%</td>
<td>81%</td>
<td>86</td>
<td>100%</td>
<td>86%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Resident Overall Program Evaluation</td>
<td>FACULTY</td>
<td>Pgm Eval Mean Score/10</td>
<td>54%</td>
<td>81%</td>
<td>90</td>
<td>70%</td>
<td>7.8</td>
<td>8.9</td>
<td>9.0</td>
<td>9.4</td>
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<tr>
<td>Faculty Overall Program Evaluation</td>
<td>FACULTY</td>
<td>Pgm Eval Mean Score/10</td>
<td>54%</td>
<td>78%</td>
<td>77%</td>
<td>79%</td>
<td>82%</td>
<td>8.3</td>
<td>8.2</td>
<td>8.8</td>
<td>9.3</td>
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<tr>
<td>&gt;80 Violations / AY</td>
<td>PROGRAM</td>
<td>MedHub Duty Hr Rpt</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td># Unreviewed Duty Hr Periods by PD / AY</td>
<td>PROGRAM</td>
<td>MedHub Detailed Rpt</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

**Key**

- **Strength**
- **Weakness**

**Notes**

- Pending indicates data that is not yet available or complete.
- The table shows a trend analysis from 2008-2017 for various key measures related to the program's performance.
What does this tell the DIO?

Report card and trend analyses allow for easy monitoring of multiple factors.

With longer timeframes now with 10 year Self-Studies…imperative to be able to monitor programs frequently and track data for long time periods

Data drives change and builds program resiliency

The C-Suite and Dean were needed to resolve issues—and were “moved” to help when presented with data from SWOT Analyses and report cards
In Summary…

- Competition, instability and uncertainty are now constants in our changing healthcare landscape.
- Our institutions face an unprecedented and growing number of potential disruptions to the status quo and the best laid strategic plans.
- To survive and prosper in this new environment of heightened uncertainty and change, we need to focus on organizational and program resilience.
- Resilience applies at all levels: national, regional, institutional and programmatic.
- At the regional levels, specific infrastructure assets come together in highly interdependent ways to serve regional patient needs and local communities.
- At the organizational level, institutions need to ensure their healthcare operations, training priorities and service delivery capabilities remain able to perform their primary operating mandates and prepare for the future.
- Programs need to develop and review SWOT analyses to mitigate potential threats and solidify their program aims.
Gentle Words of Wisdom
“It’s all about working together and transparency”

“Let’s never forget that the public’s desire for transparency has to be balanced by our need for concealment.”
Questions?
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